

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS **150** State Index No. **103**
ORIGINAL CERTIFICATE OF BIRTH Co. Register No. **216**

PLACE OF BIRTH
County of Gila
District of Globe
Town of _____
City of Globe (No. _____ St. _____ Ward _____)

FULL NAME OF CHILD John Mike Radman Born YES
If child is not named, make Supplemental Report on blank obtainable from local registrar. Alive NO

Sex of child <u>Male</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>2</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 25</u> 191 <u>6</u> (Month) (Day) (Yr.)
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FATHER Full Name <u>Mike Radman</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>32</u> (Years) Birthplace <u>Lign D aluacia, Austria</u> Occupation <u>Barber</u>	MOTHER Full Maiden Name <u>Jenny Lopoziak</u> Residence <u>Globe</u> Color or Race <u>White</u> Age at last Birthday <u>19</u> (Years) Birthplace <u>Prosses & aluacia, Austria</u> Occupation <u>House wife</u>
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Number of child of this mother 2 Number of children, of this mother, now living 2 Were precautions taken against Ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on July 25 1916, at 1.30 A.M.
*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W. M. D.
(Attending physician, midwife, householder,*)

Given or christian name added from a

Address Miami Ariz

supplemental report _____ 191_____

Filed July 30 1916

A True Copy

B. S. Fox
LOCAL REGISTRAR.

Filed Aug 5 1916

B. S. Fox
COUNTY REGISTRAR.

195-725-138
COUNTY REGISTRAR.